

# Medicaid Basics

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# I. Types of Health Coverage for Students

This section is a summary. For more information about Medicaid, call the **Medicaid Customer Service Center at 1-800-562-3022.**

The state has several programs that can help children obtain health coverage. These include:

1. Medicaid (with or without private health insurance)\*
  2. Children's Health Insurance Program (CHIP) for higher income students
  3. Washington Basic Health Program (covers working families with part of the premium paid by the family)
  4. Alien Emergency Medical (Only for aliens and for medical emergencies)
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1. Medicaid is for low income students and includes the following services:
    - Doctor, nurse, and emergency room visits
    - Dental
    - Prescriptions
    - Vision and auditory services
    - Mental health
    - Substance abuse
    - Physical and speech therapy
    - Durable medical equipment
    - Transportation and interpreter services
    - Pregnancy services for students under the age of 19
    - Early and Periodic Screening, Diagnosis and Treatment (**EPSDT**)

**EPSDT** is an important component of Medicaid because it promotes proactive health care with frequent screening services. The program is covered under Healthy Options and Fee-for-Service. Coverage includes regular check-ups, immunizations, vision, dental, hearing and additional services as medically needed.

**First Steps**-Maternity Support and Case Management. These services include prenatal, delivery and family planning for up to twelve months. Newborns receive Medicaid for up to one year.

\* Low income students with private health insurance coverage may qualify for Medicaid. If they are eligible, Medicaid may pay for the premiums, co-pays, deductibles, and services that are not covered by insurance. Medicaid is the payor of last resort. For information, call 1-800-562-3022.

## I. Types of Health Coverage for Students continued:

2. Children's Health Insurance Program (CHIP) is for students whose family income exceed Medicaid levels. The qualifiers are that:
  - They do not have other creditable insurance.
  - They do not qualify for Medicaid.
  - They are under the age of 19.
  - The family income is 200% to 250% above the federal poverty level (FPL).

There are monthly premiums which increase to \$15.00 per month beginning July 1, 2004. Children receiving CHIP must be on Managed Care unless there is good cause or live in a voluntary area.

3. Basic Health provides coverage through private health plans throughout Washington State. Monthly premiums are based on family size, income, age, and the health plan selected. Co-payments are required for most services received. There are also deductibles and coinsurance.

For those who qualify for Basic Health, state funds will pay for a portion of the monthly premiums. This means that members may pay as little as \$10.00 per month for each enrolled adult. To qualify, applicants must live in Washington State, not be eligible for Medicare, and not be institutionalized at the time of enrollment. They must also meet Basic Health's income guidelines.

*In addition, if a family qualifies for Basic Health, the children may be eligible for coverage at no additional cost through Basic Health Plus. BH Plus offers children a wider range of benefits, including dental and vision care, with no premiums or co-payment.*

4. There is an Alien Emergency Medical service which can be applied for at the local Community Service Office. (See the CSO list in Appendix B) Immigrant, alien, or undocumented students are generally not eligible for Medicaid unless he/she is a U.S. citizen or a lawful permanent resident with proper identification and 5 or more years in the United States.

These students can also apply for Basic Health or access health care from Safety Net Providers.

Examples of Safety Net Providers include:

- Health Departments: Limited services such as immunizations
- Community Health Centers: Health care services on a sliding fee
- Hospitals and emergency rooms: Charity care

## II. Medicaid Eligibility

Students who fall in one or more of the following categories may qualify for health care services through Medicaid:

1. Students who qualify for the Free and Reduced Lunch Program
2. Students whose family income is at or below the 200% Federal Poverty Level (FPL)
3. Pregnant teens

Students under the age of 19 may qualify for Medicaid. These individuals should contact their local Community Services Office for further information.

Children may live in many scenarios that would qualify. Examples include:

- Children in single or two parent households
- Children with working or non-working parent/s
- Children living with relatives, other families, or friends
- Children who are homeless
- Children who are living alone
- Children with pre-existing conditions

There are three main groups of Medicaid recipients: mandatory, optional and exempt.

1. Mandatory group: Medicaid is an entitlement for this group. There are no premiums. The qualifying FPL rate differs with the age of the child.
  - Age 0-1 185% FPL
  - Age 1-5 133% FPL
  - Age 6-19 100% FPL
2. Optional group: Premiums are required beginning July 1, 2005 for the Medicaid children in these families and are based on an age "staircase". (See the following chart) There is a household maximum for the premiums, using the three highest premiums. There are penalties for non-payment of the premiums. Premiums are as follows:
  - 0%-150% FPL: \$10. Effective July 1, 2005
  - 151%-200% FPL: \$10. Effective July 1, 2005
3. Exempt group: Premiums are not required from the following identified groups: American Indian, Alaska Native, children receiving SSI, newborn of women in poverty, and pregnant women.

## II. Medicaid Eligibility continued:

The 2003 State Legislation made some significant changes to Medicaid. The following items are now mandatory:

1. There is income verification every six months.
2. Both for the initial application and six month reviews, income must be verified. The following methods may be used for verification of earnings:
  - Pay stubs
  - Employer letter
  - DSHS systems check
3. Children's medical services are no longer continuous. If the family does not respond to the six month verification, eligibility will be terminated.
4. The following is the income guideline for 2004. The Federal Poverty Level (FPL) changes yearly in April.

### 200% poverty level (Medicaid eligible)

- Family of 1: \$1,552
- Family of 2: \$2,082
- Family of 3: \$2,612
- Family of 4: \$3,142

### 250% poverty level (CHIP eligible)

- Family of 1: \$1,940
- Family of 2: \$2,603
- Family of 3: \$3,265
- Family of 4: \$3,928

### III. Application Pathways

There are three application pathways:

1. Family Medical Benefits
2. Children up to 250% of the Poverty Level (Includes pregnant teens up to 19 years of age)
3. Pregnant Women (Women over 19 years of age)

When assisting with applications, parents or students should be reminded that only the State of Washington can determine eligibility. This is done through the Community Service Office. Staff can assist them in applying.

Students and their families should be encouraged to contact their local Community Services Office. (See Appendix B, Resources and Contact Information)

There is an on-line application service. [www.onlinecso.dshs.wa.gov](http://www.onlinecso.dshs.wa.gov)

Medical Coupons are issued monthly as long as the client remains eligible for services.

## IV. Health Care Delivery Models

There are three MAA Health Care Delivery Models.

1. Healthy Options Managed Care
2. Fee-for Service
3. Primary Care Case Management (PCCM)

### 1. Healthy Options Managed Care

#### Qualifications

In Washington State, enrollment in managed care is mandatory for children, for pregnant women and teens, and for all members in families that receive TANF (cash assistance for clothing and shelter). HO is not available for children in foster care.

#### Availability

Healthy Options is not available in all zip codes or counties. Some counties offer only one health plan or are voluntary because the health plan does not have sufficient capacity. If Healthy Options is voluntary or not available to the client, they use Fee-for-Service (FFS). See the enclosed map and health plan carrier information.

#### Enrollment

All new eligible children are sent a Healthy Options enrollment packet. Enrollment must take place by the 15th of the month. If enrollment is not received, MAA assigns a health plan and the plan will assign a doctor. This may include Fee-for-Service.

Once the child is enrolled in a Health Plan, a Primary Care Physician (PCP) must be chosen. The PCP coordinates the health care and makes referrals to specialists within the Health Plan's network. MAA pays the premiums to Health Plans to manage the health care of the client.

Healthy Options MAA Hotline: 1-800-562-3022

### 2. Fee-for Service

Clients may go to any doctor who accepts Medicaid. The client uses a medical coupon or MAID (Medicaid Assistance I.D.). The medical provider bills MAA directly.

## IV. Health Care Delivery Models continued:

### 3. Primary Care Case Management (PCCM)

This service is for American Indians, Alaska Natives and pregnant women in poverty. These populations may use Indian Health Services or Primary Case Care Management listed under the HMO section of their medical coupon. Healthy Options may also be used if available. However, this group is exempt from mandatory enrollment in Healthy Options. There are no premiums for those who have PCCM.